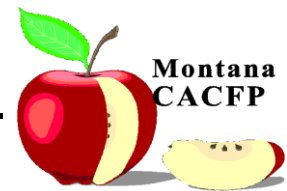


Claim Form for Reimbursement

CHILD AND ADULT CARE FOOD PROGRAM

(See reverse side for instructions)



Institution: _____

ID Number:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

 For the Month of _____ 20 ____

For example: 1 2 3 4 5 A

Claims are due on or before the 10th of each month. Claims not received within 60 days of the claim month will not be paid without USDA approval for a one-time exception. [REF: 7 CFR 226.10(e)]

| Center Information: | Current Month Enrollment: | Total number of CACFP meals served to enrolled children: |
|---|---------------------------|--|
| _____ Licensed Capacity | _____ Free | _____ Breakfast |
| _____ Number of Facilities | _____ Reduced | _____ Lunch |
| _____ Total Monthly Attendance | _____ Paid | _____ Supper |
| _____ Average Daily Attendance (total monthly attendance divided by number of days meals were served) | _____ Total Enrolled | _____ Snack / Supplement |
| _____ Number of Days CACFP Meals Served | | |

For Profit Centers Only

Proprietary Certification: For profit centers may not claim reimbursement for meals served to children in any month in which less than 25 percent of the children in care (enrolled or licensed capacity) were eligible for free or reduced price meals or were title XX beneficiaries. Children who only received at-risk afterschool snacks and/or meals must not be included in this percentage. [REF: 7 CFR 226.17(b)(4)]

The institution certifies that at least 25% of enrolled children, or 25% of licensed capacity, **whichever is less**, are classified as Free or Reduced, and meet eligibility requirements for this reporting month.

of F/R Children: _____ Total Enrollment: _____ Licensed Capacity: _____

Authorized Signature

I certify that to the best of my knowledge and belief, this claim is true and correct, records are available to support it, it is in accordance with an existing agreement and applicable licensing requirements, and payment has not been received. I understand that this information is being given in receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state or federal laws.

Authorized Signature _____ Date _____

Title _____ Phone _____

Child and Adult Care Food Program
PO Box 202925
Helena, MT 59620-2925
Fax: 406-444-2547
Toll Free: 888-307-9333

Retain a copy for your files

CLAIM INSTRUCTIONS

TOTAL MONTHLY ATTENDANCE

Record the total number of participants in attendance daily. This should include every participant who attended during the day.

Each month, add together the attendance totals from each day. This is the total monthly attendance.

AVERAGE DAILY ATTENDANCE

(Round this number up to the nearest whole number)

$$\text{Average Daily Attendance} = \frac{\text{Total Monthly Attendance}}{\text{Number of Days the Center Operated}}$$

FR/P CERTIFICATION

1. Add Free and Reduced participants;
2. Compare the enrollment and licensed capacity, selecting the lesser number; then,
3. Divide F/R Participants by the lesser of enrollment or licensed capacity to determine if your center has met the 25% minimum and are eligible to submit a claim. The answer should be .25 or more.

4. **Example #1:**

| | |
|--------------------|----|
| # Of F/R Children: | 7 |
| Total Enrollment: | 36 |
| Licensed Capacity: | 30 |

Capacity is less than Enrollment.

$$\begin{array}{r} .233 \\ 30 \overline{) 7.0} \\ \underline{- 60} \\ 100 \\ \underline{- 90} \\ 10 \end{array}$$

.233

23.3% is less than 25%;
this center **may not** claim.

Move the decimal
two places to the
right to convert to
a percentage.

5. **Example #2:**

| | |
|--------------------|----|
| # Of F/R Children: | 12 |
| Total Enrollment: | 46 |
| Licensed Capacity: | 35 |

Capacity is less than Enrollment.

$$\begin{array}{r} .342 \\ 35 \overline{) 12.0} \\ \underline{- 105} \\ 150 \\ \underline{- 140} \\ 100 \\ \underline{- 70} \\ 30 \end{array}$$

.342

34.2% is more than 25%;
this center **may** claim.

Move the decimal
two places to the
right to convert to
a percentage.

This claim form is available on the CACFP website at www.bestbeginnings.mt.gov